

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas  
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4507 1-800-852-3345 Ext. 4507  
Fax: 603-271-3991 TDD Access: 1-800-735-2964

José Thier Montero  
Director

### Application for Licensure

(Please check which discipline you are applying for.)

☐ Lead Abatement Worker ☐ Lead Clearance Testing Technician

Type or print clearly in INK; attach all required documentation; and sign the application.  
All sections of the application must be filled in. The signature must be in ink.  
Photocopies of the signed form are NOT acceptable.

#### I. APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Date of Birth	Social Security Number	(For Identification Purposes Only)
Mailing Address		Apt. #
City	State	Zip Code
Phone Number	Email	

#### II. EMPLOYER INFORMATION (This information will be included on identification card.)

Employer Name		
Employer Mailing Address		Suite #
City	State	Zip Code
Employer Phone		
Employer Fax	Email	

#### III. LICENSING HISTORY

Yes No (Please check the appropriate box.)

		Are you currently licensed as a lead abatement worker or lead clearance testing technician? Expiration date of last certification: _____ Certification Number: _____	
		Are you licensed or certified to work in any state other than New Hampshire? If "Yes", please list and attach a copy of your license with this application.	
	State	Certification Date	Certificate Number

**Yes No (Please check the appropriate box.)**

		Are there any pending or complete state, federal or local enforcement actions (i.e. Notice of Violation, Administrative Orders, Consent Decrees, Notice of Permit Revocation or Denial, or Civil or Criminal Actions) against you, which resulted from, lead base substance abatement or inspection activities within the past 10 years? If "Yes", please explain:

#### IV. TRAINING INFORMATION

List training certificates and refresher courses you have taken.

(You must attach a copy of these documents to this application.)

Course Title	Training Provider	Date of Completion

#### V: CHECKLIST OF REQUIRED DOCUMENTATION

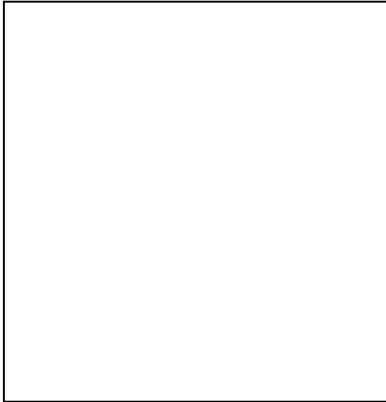
	Provide originals or photocopies of licenses, training certificates, and/or other documents; and
	Provide a current, clear and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back; and
	Include a check or money order in the amount of <b>\$50.00</b> payable to " <b>Treasurer, State of NH</b> " for the licensing fee. Applications will not be processed until all information has been received.

#### VI: MAILING INSTRUCTIONS

Send completed application to the following address:

New Hampshire Department of Health & Human Services (NH DHHS)  
 Childhood Lead Poisoning Prevention Program (CLPPP)  
 29 Hazen Drive  
 Concord, NH 03301  
 ATTN: Lead Licensing  
 Phone: 603-271-4507  
 E-MAIL: [vshallow@dhhs.state.nh.us](mailto:vshallow@dhhs.state.nh.us) or [rmalcolm@dhhs.state.nh.us](mailto:rmalcolm@dhhs.state.nh.us)

**VII: PHOTOGRAPH:** All new applicants affix (glue, staple, or tape) a recent passport type picture here.



**VIII: NOTARIZATION:**

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
 \_\_\_\_\_ (Applicant's name) personally appeared before me,  
 who being duly sworn says that she/he is the person referred to in the foregoing  
 application and that the photograph attached hereto is a true picture of self and that the  
 statements made herein are true in every respect.

\_\_\_\_\_  
***Signature of Applicant***

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_  
***Signature of Notary Republic***

\_\_\_\_\_  
***My Commission expires***

**IX: STATEMENT OF COMPLIANCE**

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1603.03) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

**Application Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_